



Illinois Department of Revenue

IDR-147

Disclosure Information and Badge Request

Read this first. Please clearly print your information

Due to the confidential and sensitive nature of tax records and because disclosure of tax information is prohibited, we must investigate all criminal records for new employees, contractual persons, or persons from other state of Illinois agencies requesting an identification badge authorizing admittance to Illinois Department of Revenue (j) facilities.

Step 1: Complete your information — Please print.

- 1 Your name
a First, middle and last name.
b Maiden or previous name (if applicable):
2 Social Security number:
3 Date of birth:
4 Sex: Female Male
5 Driver's license information:
a Number:
b Expiration date:
c State from which issued:
6 Addresses:
a Current address:
b Previous address: (if in the last 5 years)
c Mailing address if different:
7 Telephone:

Step 2: Complete your background information

You must complete the following information based on your adult criminal record. Do not include offenses committed as a juvenile (under the age of 17) when the offense was committed. Please read the following thoroughly.

- 8 Have you ever been found guilty of any felony or misdemeanor offense other than a minor traffic violation. You must answer "yes" if, as an adult, you committed offenses under criminal laws of any state, for which you
were prosecuted and/or convicted;
agreed to an alternative sentencing or pretrial diversion program which required an admission or adjudication of guilt, including court supervision.

If "yes, tell us the county and the date of your offense and provide a detailed explanation. If you need additional space, you can attach additional paper(s).

County: Date:
Month Day Year

Step 3: Please read and sign your authorization agreement.

- 9 You must sign below to authorize all law enforcement organizations to release information of any criminal record to the Illinois Department of Revenue.

I authorize all law enforcement organizations to release information of any criminal record to the Illinois Department of Revenue. I hereby release any and all entities furnishing this information from any liability or cause of action which I might have concerning the release of this information to the Illinois Department of Revenue. I have read and understand the contents of this request for information release.

Your signature Month Day Year

**Step 4: Complete your company or agency information.** New IDOR employees *Skip to Step 5.*

10 Company or agency name:  
\_\_\_\_\_

11 Describe the nature of business within IDOR:  
\_\_\_\_\_

12 Contract employees, what is the contract duration:  
\_\_\_\_\_

**Step 5: Complete your compliance information.**

Other state of Illinois agency employees —  
*Skip to Step 6.*

You must complete the following information to authorize our investigation of your tax compliance and credit history.

13 Your spouse's name - first, middle and last.  
\_\_\_\_\_

Your spouse's Social Security number:  
\_\_\_\_-\_\_\_\_-\_\_\_\_

14 Have you ever been the proprietor, a partner, shareholder, or an officer of any business or organization?  
\_\_\_\_\_yes \_\_\_\_\_no

If "yes", complete the following about that business or organization:

a Name: \_\_\_\_\_

b Dates of operation: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

c Identification numbers:  
Federal Employer's Identification number (FEIN):  
\_\_\_\_-\_\_\_\_-\_\_\_\_  
Illinois Business tax number (IBT no.):  
\_\_\_\_-\_\_\_\_-\_\_\_\_

15 Authorization for release of information:  
I authorize any financial organization, credit reporting agency and taxing entity, including but not limited to, the Internal Revenue Service of the United States of America, to release any information concerning compliance with tax laws and credit history. I hereby release any and all entities furnishing this information from any liability or cause of action which I might have concerning the release of this information to the Illinois Department of Revenue. I have read and understand the contents of this request for information release.

\_\_\_\_\_  
Your signature Month Day Year

**Step 6: Read and sign your confidentiality agreement.**

I understand the protection of confidential information is a condition of my employment or contract with the Illinois Department of Revenue, another state agency, or a vendor of either. I agree to keep confidential and to not disclose during or after my employment or contract period any federal or state tax information, taxpayer's personal information, or any information concerning processes and procedures used by the Illinois Department of Revenue in administration of Illinois law. I swear that to the best of my knowledge, the information contained within this form is true, correct, and complete.

\_\_\_\_\_  
Your signature Month Day Year

**REQUESTOR USE ONLY**

This must be completed by the applicants supervisor.

Name: \_\_\_\_\_  
Please print.

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check the purpose of request:  
\_\_\_\_ Badge \_\_\_\_ Shield \_\_\_\_ Background  
\_\_\_\_ Other: \_\_\_\_\_

Check where the applicant will be working:  
\_\_\_\_ Willard Ice Building  
\_\_\_\_ James R. Thompson Center  
\_\_\_\_ Other — Provide the address:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP

If a restricted access area, check the location below.  
\_\_\_\_ Computer room \_\_\_\_ Records Division  
\_\_\_\_ Other: \_\_\_\_\_

**REVENUE ONLY**

*This must be completed by IDOR's Chief Information Security Officer.*

Name: \_\_\_\_\_  
Please print.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_